

AC 463  
County Council of the County of Lanark

EDUCATION COMMITTEE

THIRTY-THIRD  
ANNUAL REPORT

ON THE

MEDICAL INSPECTION,  
SUPERVISION, AND TREATMENT  
OF SCHOOL CHILDREN

1941-42




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EDUCATION COMMITTEE

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1941-42

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION  
COMMITTEE OF THE COUNTY OF LANARK.

I beg to submit the Thirty-third Annual Report on  
the Medical Inspection, Supervision and Treatment of School  
Children in the County of Lanark for the year ended 31st July, 1942.

The Report, although considerably abbreviated, gives a survey  
of the work undertaken during the year by the School Medical  
Service, and all essential facts are stated, either in the body of the  
Report or in the accompanying statistical tables.

JOHN MACINTYRE,  
*Executive School Medical Officer.*

SCHOOL MEDICAL INSPECTION DEPARTMENT,  
COUNTY OFFICES,  
HAMILTON, *February, 1943.*

# STAFF.

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## Executive School Medical Officer.

JOHN MACINTYRE, M.B., Ch.B., D.P.H.

## Assistant School Medical Officers.

ANN K. CORMACK, M.B., Ch.B.

JANET B. CUNNINGHAM, M.B., Ch.B., D.P.H.

ISABEL C. DARLING, M.B., Ch.B., D.P.H.

(a) ALEX. C. DOUGLAS, M.B., Ch.B., D.P.H.

(b) H. J. FRASER, M.B., Ch.B., D.P.H.

VIDA J. PERRY, M.B., Ch.B.

JOHN YOUNG, L.R.C.P. & S. Ed., D.P.H.

## Dental Surgeons.

R. JARDINE BEATTIE, L.D.S.

(c) WILLIAM GIBSON, L.D.S.

MARY H. HINSHELWOOD, L.D.S.

(d) ANNE G. JACKMAN, L.D.S. (Temporary Appointment).

ANDREW C. F. RANKIN, L.D.S.

ARCHIBALD W. M. WATSON, L.D.S.

ELIZABETH WATSON, L.D.S.

JAMES McD. WEATHERSTON, L.D.S.

## Part-Time Ophthalmic Surgeons.

JAMES HILL, M.B., Ch.B., D.O.M.S.

H. SOMERVILLE MARTYN, M.A., M.B., Ch.B.

JOHN A. MORTIMER, M.D., M.R.C.P.E.

## Part-Time Ear, Nose and Throat Specialist.

ROBERT A. GRAY, M.B., Ch.B.

## Nurses.

MARY M. BAIN.

MARY M. BENNET.

HELEN S. BERTRAM.

JESSIE M'L. BLACK.

MARY A. BOYLE.

MARTHA CHISLETT.

RACHEL DOBIE.

ANNIE N. DOUGLAS.

FLORENCE D. FLEMING.

ADA FOWLIE.

JEAN HANNAH.

AMY S. T. HISLOP.

MARGARET K. LAMOND.

AGNES L. D. MILLER.

ANNIE MACAULEY.

MARJORY K. M'DOUGALL.

ISABEL MACKINNON.

JEAN G. M'GHIE.

NEILINA M'INNES.

MARGARET NEILSON.

HELEN PARK.

(e) ANNE J. SORLEY.

MARGARET C. R. SUTTER.

ISABEL TAYLOR.

MARY A. YATES.

## Nurses (Temporary Appointment).

(f) MARGARET RUSSELL. (g) CATHERINE FOWLER.

## Dental Attendant.

(h) MARY GOLD.

## Clerical Staff.

*Chief Clerk*—ROBERT A. M'ROBBIE.

(i) JAMES BISHOP.	(m) MARTHA P. O'NEILL.
(j) JOHN PORTER.	CATHERINE ROACH.
(k) MARY W. BOYD.	(n) JESSIE SPEIRS.
(l) RACHEL CLEARIE.	HELEN S. STEVEN.

## Clerical Staff (Temporary Appointment).

(o) MARK ALLAN. (p) BARBARA MONAGHAN.

(a) Appointed 2/2/42.	(i) On Active Service with H.M.
(b) Resigned 31/1/42.	Forces, 27/2/41.
(c) On Active Service with H.M.	(j) On Active Service with H.M.
Forces, 9/10/41.	Forces, 3/6/42.
(d) Appointee 9/10/41.	(k) Appointed 10/2/42.
(e) On Active Service with H.M.	(l) Resigned 14/2/42.
H.M. Forces, 1/2/41.	(m) Resigned 6/1/42.
(f) Appointed 7/1/41.	(n) Appointed 5/1/42.
(g) Appointed 5/2/41.	(o) Appointed 22/5/42.
(h) Appointed 1/8/40.	(p) Appointed 3/3/41.





# REPORT on the MEDICAL INSPECTION, SUPERVISION, and TREATMENT of SCHOOL CHILDREN in the COUNTY of LANARK, for the year ended 31st July, 1942.

## 1. LIST OF STAFF.

The personnel of the medical, dental, nursing and clerical staffs—both whole and part-time—is shown on page 4 of this Report. Changes in personnel which have occurred since the last report are also indicated.

## 2. GENERAL STATISTICS.

The population of the whole education area, both County and Burghal, is approximately 508,000. The number of schools in the area is as follows :—

(a) Primary	...	...	...	...	...	211
(b) Junior Secondary	...	...	...	...	...	14
(c) Secondary	...	...	...	...	...	13
(d) i. Special Schools	...	...	...	...	...	11
ii. Special Classes at Certified Institutions	...	...	...	...	...	2
*Number of children on the school registers	...	...	...	...	...	87,716
*Number of children in average attendance	...	...	...	...	...	75,442

\*(These figures are taken from the official return for June, 1942.)

## 3. SANITARY CONDITIONS OF THE SCHOOLS.

Inspection of the sanitary arrangements at school, by the school medical officers, shows that sanitary conditions continue to be satisfactory. The lavatories were found to be clean and well kept, and the playgrounds were also tidy and free from litter. The classrooms were consistently clean, and the heating and ventilation were generally adequate. Improvements in artificial lighting and heating were carried out where necessary. There were no serious epidemics of infectious disease necessitating closure of any departments of the schools during the year.

## 4. ORGANISATION AND ADMINISTRATION.

### A. SYSTEM AND EXTENT OF MEDICAL INSPECTION AND TREATMENT.

There has been no change in the scheme of school medical inspection and treatment during the year, although certain adjustments in the carrying out of the scheme required to be

made as occasion arose, owing to war conditions or the undertaking of special work. In regard to the latter, a special survey in connection with the prevalence of scabies was undertaken by the school medical officers in December, 1941, and this will be dealt with in a subsequent section of this report. A certain amount of inoculation work was also performed, from time to time during the year, in connection with the anti-diphtheria campaign, but this did not reach anything approaching the magnitude of last year's undertaking. It is satisfactory to record that, notwithstanding the additional calls on the services of the medical staff, all of the regular age-groups of the school children were medically examined and the results noted in the pupils' record cards. The numbers of examinations both routine and non-routine, and also re-inspections, all show an advance on last year's figures, notwithstanding the time occupied in the carrying out of the special scabies survey.

Table I, sections A and B, gives in detail the figures applicable to these various examinations.

The Committee's scheme of treatment continued to function, without interruption, throughout the year. It will be observed, from the statistics given later in this report, that there was a very marked increase in the number of children attending the minor ailments clinics, and also in the number who received operative treatment for enlarged tonsils and adenoids, both of these branches of treatment being much in advance of pre-war figures. Each section of the scheme of after-treatment is dealt with separately in the report.

One aspect of the treatment scheme which, in recent years, has developed very considerably is the artificial sunlight treatment afforded at some of the clinics in cases of debility, and also in the treatment of certain skin diseases. For example, during the year, members of the school medical service have undertaken artificial sunlight treatment at Bellshill and Blantyre clinics, where 85 school children, involving 2,228 attendances, were given a full course of treatment (Bellshill, 60 cases, with 1,388 attendances; Blantyre, 25 cases, with 840 attendances). In practically every case, definite beneficial results were observed. Many other cases were referred to the various medical officers of health (County and Burghal) for treatment by their staffs.

## B. SYSTEM AND EXTENT OF DENTAL INSPECTION AND TREATMENT.

The scheme of school dental inspection and treatment has been fully explained in previous reports, and no change in the scheme falls to be recorded. The results of the working of the scheme during the year under review are detailed in Section 7 (page 24).

## C. SCHOOL NURSING AND ARRANGEMENTS FOR "FOLLOWING UP."

The duties of the members of the school nursing staff have been fully gone into in previous reports. During the past year, on account of the prevalence of contagious skin diseases in certain areas, much more time has been devoted to the regular visiting of schools by members of the nursing staff, with a view to excluding affected children from school, and in getting the cases treated at the school clinics. How successful this has been is plainly evident in the increased numbers of children attending the skin clinics. A considerable amount of home visiting was also undertaken, but it has been found that the more frequent visiting of the schools is more effective and attains speedier and better results.

## D. CO-ORDINATION WITH PUBLIC HEALTH SERVICES.

The extent to which close co-operation is maintained between the school medical service and the various public health services throughout the whole education area has been fully explained in previous reports. It need only be said that the co-operation is both intimate and harmonious, with benefit to both services.

## E. CO-OPERATION WITH VOLUNTARY BODIES.

*(See previous Reports.)*

## F. CO-OPERATION WITH TEACHERS AND PARENTS.

*(For details, see Report for year 1938-39.)*

# 5. THE FINDINGS OF MEDICAL INSPECTION.

Reference to Table I. (A) will show the total number of pupils examined in the various age-groups. The number who came within these age-groups, and who were due for routine examination, amounted, in all, to 27,091. Of these, 26,756, or 98·7 per cent., were duly examined, and the findings of the examination noted on each pupil's health record card. Considering the rather irregular attendance of pupils at school, which has been in evidence since the outbreak of war, this high percentage of routine examination is

very satisfactory. The fact that it was possible to undertake more frequent revisiting of the schools, and so to pick up routine cases for examination who had been absent at previous visits, accounts for the favourable figures for the present year. It is impossible, of course, ever to attain to the full 100 per cent. in such a large education area, as there are always many children who are absent from school for prolonged periods on account of illness or severe disability.

Table I. (B) shows the number of special (non-routine) cases examined at school (5,493) and the number of pupils re-examined by the medical officers at their subsequent visits (11,774). In addition, it will be seen that 21,441 pupils were examined during the special survey made in connection with scabies. Thus, a total of 38,708 non-routine, or other examinations, was conducted at the various schools during the year.

From the same Table it will be seen that 5,190 pupils were notified to their parents, or guardians, as requiring treatment, exclusive of cases of uncleanness or dental caries. The principal conditions discovered during medical examination are detailed in Table II., each age-group being shown separately.

It is the experience in all areas that, in general, the conditions calling for remedy vary little in character from year to year, although there may be considerable variation in the number of children affected. The period covered by this report embraces a third year of war conditions, and, again, particular care was taken during the examinations to keep a strict watch for any indication of adverse health conditions which might be expected to appear during a national emergency, and especially for deterioration in nutrition, clothing and cleanliness, as well as for actual diseases.

Public interest is, naturally, directed chiefly to the nutritional state of the children, and it is very satisfactory to record that, so far as this condition is concerned, matters were found to be highly satisfactory. Of the 26,756 pupils examined in the routine age-groups, including 832 evacuees, only 526, or 1·9 per cent., were found to be suffering from some slight degree of malnutrition, and 42, or 0·15 per cent., to be showing evidence of bad nutrition. In other words, 98 per cent. of all children examined in the routine

age-groups either exhibited a normal nutritional standard or, as was very frequently found, were well above normal. These figures are much more conclusive and form a very much better criterion of the fitness of the school children than any deductions made from figures relating to the heights and weights of the pupils. It matters little whether a child conforms to a more or less arbitrary standard of height or weight, provided a high standard of health and general fitness is maintained, and it is rather strange that public attention should be so intently focussed on what the measuring rod and weighing machine indicate, or on some mathematical formula, rather than upon the much more conclusive evidence of physiological stamina and bodily well-being as ascertained from examination by medical officers long accustomed to assess fitness in children. The statistics for the present year in regard to nutrition are a definite improvement on those of the preceding year (1940-41), even under the stress of a third complete year of war conditions. The consensus of opinion of the school medical staff who conducted the examinations of the pupils is that, on the whole, children are somewhat lighter in weight than in pre-war years, but that there has been no deterioration in stamina or general health. This is also borne out by the absence of any increase in bronchitis or other respiratory diseases, conditions which generally indicate a lowering of bodily resistance.

The following table, giving the average height and weight of the school children in the various routine age-groups, shows that, although there is very little difference in the average height of the pupils as compared with previous years, there is some slight falling off in the average weight. But, as has been stated above, this is really of minor significance and does not deserve the special importance that is usually given to it in certain quarters. If it were accompanied by evidence of malnutrition, then that is quite a different matter and would give cause for real concern.

AVERAGE HEIGHT IN INCHES.

AGE.	5½		9½		12½	
	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Boys.</i>	<i>Girls.</i>
Anthropometric Committee's Standard ...	41·2	41·0	50·7	50·0	56·0	56·8
County of Lanark ...	42·5	42·3	50·9	50·7	55·6	58·1



## AVERAGE WEIGHT IN LBS.

AGE.	5½		9½		12½	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Anthropometric Committee's Standard ...	40.5	40.0	64.9	59.3	79.4	80.2
County of Lanark ...	42.6	40.7	62.1	59.3	80.7	80.1

Conditions affecting the nose and throat, especially enlarged tonsils and adenoids, show a small increase in all of the age-groups, but no special increase in the case of enlargement of the glands, requiring treatment, was found. Inflammatory eye conditions (blepharitis, conjunctivitis, etc.) or their sequelae (corneal opacities) continue to be relatively few, and it is now very uncommon to encounter the crusted and inflamed eyelids which was such a frequent occurrence in pre-clinic days. Squint remains a rather stationary percentage in all age-groups, but the incidence of this condition is not attributable to school life, the deformity, almost certainly, having been acquired prior to the child attending school.

Heart conditions (congenital, acquired or functional) show little change from previous years, except, perhaps, in functional disorder amongst the senior girl pupils. This condition is, generally, of a temporary nature and is very amenable to appropriate treatment. Indeed, at subsequent examination of the pupils, it was generally found to have completely cleared up. Pulmonary tuberculosis is rare amongst children of school age, and only in five instances was the disease suspected and the children referred to the proper quarters for observation and any necessary treatment. In regard to infectious diseases affecting children in actual attendance at school, only twenty-four cases were discovered at routine examination.

Although the general health of the school children gives little cause for concern, there is one aspect of school life which remains a serious blot on the satisfactory picture presented, namely, the uncleanly condition of the heads of large numbers of the pupils. This most disturbing state of affairs is by no means of recent origin, as a perusal of previous reports will show, but, since the outbreak of war, matters have distinctly worsened. This plague of head vermin, for it can be called little else, is almost wholly

confined to girls and no age group is exempt, with the exception of the 16 years' old group. Thus, in the entrants' group (5-6 years), 12.4 per cent. of the girls' heads were infected with lice or nits, or both; in the 9 years' old group, the percentage was 15.4; and in the 13 years' old group, the percentage was 13.2. (The corresponding percentages in regard to the boys were 0.9, 1.1, and 0.6).

The determining factor for this condition amongst the female pupils is, without doubt, the long hair worn by the girls, and there is little hope of rectifying matters whilst the prevailing fashion remains of wearing the hair long. If girls' hair were worn not more than two inches in length, the problem of verminous heads would practically be solved, and this could be achieved without any loss of feminine distinctiveness. It is indeed a pity that fashion cannot be harmonised with cleanliness.

It is clear that considerably less attention is being given by parents to their girls' hair at present, due, in some measure, to many mothers being engaged in war work and so having less time at their disposal for family supervision, but also, in much larger measure, to a spirit of carelessness, amounting to neglect, having become aggravated amongst a certain type of mother who looks with complacency on an infested head, and does not recognise any disgrace in permitting such a condition of affairs to exist. Much is done at the clinics to clear up many of the worst conditions, but such clinic cases have, almost invariably, an accompanying broken-out scalp.

A verminous head is a constant menace to other children in the classroom, and recourse to segregation of such cases may have to be resorted to, or, alternatively, exclusion of the child from school and the instituting of proceedings against the parents for neglect. Some such drastic action is certainly called for, and, indeed, has already been practised in aggravated cases. Valuable help in this respect has been given by the local Officers of the Society for the Prevention of Cruelty to Children. Unfortunately, it is not possible to reach the adult female members of the household, who, if examined, would almost certainly be found to have verminous heads also.

Apart from the conditions detailed in Table II., a considerable number of non-specified diseases and defects were discovered. In all, these amounted to 563. Many of these diseases were rare,

and some were of a congenital nature. Notice was sent to the parents, drawing attention to the condition, where it was considered that treatment would either cure or alleviate the defect. Of these, the following are of interest:— Anaemia, 243 cases; enuresis, 104; debility, 51; enlargement of thyroid gland, 28; rheumatism, 8; sprains or injuries, 13; tonsillitis, 8; laryngitis and pharyngitis, 22; hernia (rupture), 8; diabetes, 2; chorea, 10; thyroid insufficiency, 5; osteomyelitis, 3; tumours, 3; commencing Pott's disease, 1; purpura, 1; pseudo-hypertrophic muscular atrophy, 1; facial paralysis, 3; thread worms, 4.

#### EXAMINATIONS CONDUCTED BY THE SCHOOL MEDICAL STAFF OTHER THAN ROUTINE SCHOOL EXAMINATIONS.

In addition to the regular examination and supervision of the children at school a considerable amount of special examination work was again undertaken during the year by the medical staff. Chief of these was the special survey conducted towards the end of 1941 and the beginning of 1942, in connection with scabies. Considerable disquiet had existed for some time on account of the number of school children reported to be suffering from this disease, and it was decided that a most thorough examination should be made in those areas where the condition was reported to be specially prevalent. Accordingly, six of the most densely populated districts were selected, and all schools in the district, or certain selected schools which had come under suspicion, were chosen for the survey. Every pupil in each school was thoroughly examined, sufficient clothing being removed in each case to make certain there would be no undetected patch of contagion. Where there was the slightest doubt regarding a case, it was classified as a "probable," and note was also taken of those children who were absent from school on account of the condition. Thus, it was possible to ensure that every known or suspected case of scabies in each school was accounted for.

The results of this survey, which embraced no fewer than 21,441 school children, are interesting. Considerable variation in the incidence of the disease was found to exist, not only in different localities but in schools in the same locality, sometimes even within a few minutes' walk of each other. Some schools which were strongly suspected of harbouring considerable numbers of cases of scabies proved to be comparatively free from the



disease, whilst others that had been considered to be above suspicion were found not to justify their reputation. The following are the tabulated results of the survey :—

	No. of pupils on roll.	No. examined at survey.	No. of scabies cases discovered.	Percentage of pupils affected.
<i>Area A (All Schools examined).</i>				
School 1 ...	14	13	—	—
„ 2 ...	531	426	13	2.4
„ 3 ...	315	274	6	1.9
„ 4 ...	579	490	5	0.8
„ 5 ...	357	319	17	4.7
„ 6 ...	1,233	1,000	50	4.1
	3,029	2,522	91	3.0

<i>Area B (Selected Schools).</i>				
School 1 ...	942	769	28	2.9
„ 2 ...	157	105	3	1.9
„ 3 ...	907	720	21	2.3
„ 4 ...	569	487	12	2.1
„ 5 ...	526	456	28	5.3
„ 6 ...	329	291	16	4.8
„ 7 ...	460	406	16	3.5
„ 8 ...	662	526	31	4.7
	4,552	3,760	155	3.4

<i>Area C (Selected Schools).</i>				
School 1 ...	938	820	16	1.7
„ 2 ...	453	390	18	3.9
„ 3 ...	470	411	12	2.5
„ 4 ...	911	821	40	4.4
„ 5 ...	687	586	25	3.6
„ 6 ...	281	213	14	4.9
„ 7 ...	1,179	872	36	3.0
„ 8 ...	1,037	891	24	2.3
	5,956	5,004	185	3.1

	No. of pupils on roll.	No. examined at survey.	No. of scabies cases discovered.	Percentage of pupils affected.
<i>Area D (Selected Schools).</i>				
School 1 ...	586	536	24	4.1
„ 2 ...	425	357	24	6.7
„ 3 ...	350	296	17	4.8
„ 4 ...	320	284	16	5.0
„ 5 ...	1,150	960	98	8.5
„ 6 ...	1,036	891	95	9.1
	3,867	3,324	274	7.1

<i>Area E (Selected Schools).</i>				
School 1 ...	1,016	879	32	3.1
„ 2 ...	747	654	10	1.3
„ 3 ...	726	604	32	4.4
„ 4 ...	813	668	45	5.5
„ 5 ...	864	703	46	5.3
	4,166	3,508	165	3.7

<i>Area F (All Schools except H.G. School).</i>				
School 1 ...	480	433	13	2.7
„ 2 ...	322	298	7	2.1
„ 3 ...	474	425	7	1.4
„ 4 ...	202	168	—	—
„ 5 ...	890	809	15	1.7
„ 6 ...	984	933	38	3.8
„ 7 ...	306	257	16	5.2
	3,658	3,323	96	2.6

The total number of pupils actually examined during the survey was 21,441, and the total number of scabies cases found (including all doubtful cases and cases known to be affected but excluded from school on account of the condition) was 966, giving a percentage of 4.5. In every instance, the affected child was excluded forthwith from school and the parents urged to have treatment instituted either at the school clinics or by the family doctor. The medical officers of health of the areas concerned were also notified of the

names and addresses of all cases in order that appropriate measures might be taken in regard to the adult members of the household who, in all probability, were also affected.

A very considerable proportion of the school medical officers' time was also occupied in the conducting of special examination of physically and mentally invalid children for whom special education might be necessary or for whom orthopaedic appliances were required; large numbers of absentee school children, or irregular attenders, in whose case local School Management Committees desired a medical report; re-examination of pupils in attendance at the Committee's Special Schools for purposes of re-grading; examination and report of members of the Committee's Staff (teachers, janitors, clerkesses, school cleaners, etc.); blind or deaf-mute children for special education; applicants for part-time employment under the Employment of Children Act; necessitous children (for malnutrition, clothing, boots, etc.); students in preliminary training for the teaching profession; applicants for participation in the Committee's Holiday Camp Scheme; juvenile delinquents and guardianship cases under the Children and Young Persons Acts; certification of ineducable children to the General Board of Control under the Mental Deficiency and Lunacy Acts; etc. Add to these the very considerable number of special interviews granted to parents at the clinics and elsewhere—these interviews running into hundreds—in regard to health conditions affecting their children, and some idea may be obtained of the nature and scope of the activities of the school service. It has to be remembered also that the special examinations entailed the visiting of large numbers of children at their homes where a central examining centre was not convenient. The following is a summary of the number of examinations overtaken throughout the year:—

(a) Absentee children or irregular attenders	...	...	...	...	750
(b) Physically and mentally invalid children at special schools or classes—					
(1) Physical	...	...	...	...	670
(2) Mental	...	...	...	...	487
(c) Physically or mentally invalid children for admission to a special school—					
(1) Physical	...	...	...	...	202
(2) Mental	...	...	...	...	39
(d) Applicants for part-time employment (Employment of Children Act)	...	...	...	...	533

(e) Examinations under Children and Young Persons Acts—				
(1)	Juvenile delinquents	...	...	197
(2)	Guardianship cases	...	...	62
(f)	Necessitous children (feeding, boots, clothing, etc.)	...	...	201
(g)	Members of Education Committee's Staff	...	...	24
(h)	Students in preliminary training	...	...	5
(i)	Applicants for participation in the Committee's Holiday Camp Scheme	...	...	1,230
(j)	Deaf or deaf-mute children not yet in attendance at any school	...	...	9
(k)	Blind children for special education	...	...	2
(l)	Certification of ineducable children to the General Board of Control	...	...	34
(m) Diphtheria immunisation—				
(1)	Number of inoculations given	...	...	4,222
(2)	Number of sessions devoted to work	...	...	101

## 6. MEDICAL TREATMENT.

### A. MINOR AILMENTS.

The Committee have twelve fully-equipped, permanent clinics for the treatment of minor ailments affecting school children. These clinics are situated in the more densely populated areas, and, with the exception of the clinic at Shotts, all are staffed by members of the school medical service. The Shotts clinic is conducted by the public health service of the County by special arrangement. In addition to the permanent clinics above mentioned, twelve emergency clinics, including a mobile clinic, which were set up in the outlying areas on the outbreak of war, have functioned regularly throughout the year and have proved of such great value that they will, in all probability, find a permanent place in the school medical service scheme when the present national emergency is at an end.

The number of children attending the minor ailments clinics during the past year shows a marked increase on preceding years, no fewer than 24,125 pupils having attended for treatment, the total attendances made being 136,981. (The corresponding figures relating to last year's attendances, which were then a record for the County's school medical service, were 21,039 and 122,499.) These attendances are by no means equally distributed throughout

the year, tending to diminish rather markedly for a few weeks prior and subsequent to the summer holidays. During the period October to May, however, the clinics are regularly working to their fullest capacity, and, indeed, are frequently very hard pressed to overtake the demands made on them. The increased attendances at the clinics were not confined to any special areas but affected every clinic, almost without exception. The clinics which showed the greatest increases were, however, those situated in Airdrie, Coatbridge, Hamilton, Bellshill, Cambuslang and Larkhall. This increase in attendance is due, in some measure, to the medical practitioners throughout the whole education area making greater use of the school clinics for the treatment of certain types of skin disease occurring in children of school age in their practice, but the principal reason for the increase in numbers is that schools are being regularly visited by the school nurses in search of cases of contagious skin disease, especially scabies and impetigo. In the course of their visits, the nurses frequently come across many other types of minor ailments which are referred to the school clinics for treatment. Some of the schools require a weekly visit, whilst others may be visited at fortnightly intervals.

Table VII. shows in detail the number of pupils treated at each of the principal clinics, the total attendances made, and the nature of the ailment from which the children suffered, whilst the supplementary Table (VIIa.) gives a summary, not so detailed, of the work undertaken at the various emergency clinics. It will be seen that skin diseases form, by far, the greater proportion of the conditions dealt with, impetigo, scabies, and general septic conditions accounting for the majority of cases treated. Of a total of 24,125 pupils attending for treatment, impetigo, scabies and septic sores accounted for no fewer than 16,744, or 69·3 per cent.

In regard to scabies, it has been found that at those clinics which are furnished with hot baths and facilities for disinfection of clothing, the treatment is not only more satisfactory but also entails a smaller number of attendances for each patient. Generally, in such cases, four or five attendances are amply sufficient to effect a complete cure, but in the absence of such baths, and where one has to rely on the parents' co-operation at home, the number of clinic visits may increase to seven, or more. The scheme of domiciliary treatment, in which the house is visited by a nurse and the co-operation of the mother enlisted in the carrying out of the treatment at home, has, in most instances, been accompanied with



good results, but, as can readily be understood, falls short in effectiveness of the scheme of clinic attendance where treatment of the disease and disinfection of the patients' clothing can be carried out simultaneously. But, as has been repeatedly emphasised in these reports, no matter what type of treatment is adopted, its efficiency must depend, in large measure, on the whole-hearted co-operation of the parents, a co-operation which, unfortunately, is not always forthcoming.

Two other conditions which are commonly encountered at the minor ailments clinics are chronic suppurative inflammation of the ear ("running ear") and chronic nasal catarrh. Both of these diseases usually necessitate prolonged attendance for treatment and, even then, this is more frequently palliative than curative. There is no doubt that both of these conditions would generally respond much better to operative treatment, but parental consent to this is not readily given. One can hardly blame the parents for this attitude, as a radical mastoid operation for chronic ear discharge cannot be regarded as a minor operation. It certainly cannot be placed in the same category as tonsil and adenoid operative treatment.

The following is a summary of the numbers of patients treated at the Committee's established clinics and also at the special emergency clinics :—

*Established Clinics.*

Clinic.	Medical Officer.	Children treated.	Attendances made.
Airdrie	Dr. Darling	2,461	13,141
Baillieston	Dr. Cormack	1,241	8,062
Bellshill	Dr. Perry	1,839	8,911
Blantyre	Dr. Cormack	1,448	7,917
*Cambuslang	Dr. Cunningham	2,047	10,560
Coatbridge	Dr. Darling	2,706	17,135
Hamilton	Dr. Fraser	2,477	14,753
Larkhall	Dr. Fraser	1,532	8,032
Motherwell	Dr. Young	1,028	5,567
Rutherglen	Dr. Cunningham	1,715	9,222
†Shotts	Dr. Wilson	325	2,404
Wishaw	Dr. Young	1,214	7,793
		<hr/> 20,033	<hr/> 113,497

\* In addition, the members of the school nursing staff treated 197 children, who made 1,005 attendances, for scabies at the Health Institute, Cambuslang.

† Conducted by the staff of the County Public Health Department.

*Emergency Clinics.*

Clinic.				Children treated.	Attendances made.
Blackwood	...	...	...	185	525
Coalburn	...	...	...	37	88
Lesmahagow	...	...	...	271	712
Carlisle	...	...	...	570	4,286
Carnwath	...	...	...	181	1,252
Lanark	...	...	...	308	2,163
Forth	...	...	...	140	901
Stonehouse	...	...	...	416	2,518
Strathaven	...	...	...	655	3,859
East Kilbride	...	...	...	395	1,980
Benhar	...	...	...	609	3,499
Mobile Clinic	...	...	...	325	1,701
				<u>4,092</u>	<u>23,484</u>

In addition to the foregoing figures, the minor ailments clinic attached to Knowetop Special School, Motherwell, affords treatment to all pupils requiring attention. This treatment is given by one of the fully trained nurses of the school medical service who attends each forenoon at the school. During the past year 9,218 treatments were given.

The pupils attending Dalton, Drumpark and Woodburn Special Schools attend the minor ailments clinics at Cambuslang, Coatbridge and Hamilton, respectively, and the attendances relating to these children are included in the reports of these clinics.

#### B. DEFECTIVE VISION AND SQUINT.

Routine work was carried out at the ophthalmic clinics, without interruption, throughout the year and, as in the case of all other clinics, the full facilities of the eye clinics were afforded to evacuee children. The procedure adopted in the selection of those children who are referred to the eye specialists has been fully explained in previous reports. A complete record of each patient is kept at each clinic and this record follows the child throughout the whole of its school life. Complaint is still made by the eye specialists regarding certain parents who fail to co-operate with the doctors in insisting on the regular wearing of the correcting spectacles which have been prescribed, and in the care taken of the glasses, but it cannot be doubted that the opposition formerly encountered to the wearing of glasses is steadily disappearing.

Reference to Table VI. will show a summary of each ophthalmic surgeon's work at his clinics during the past year. It will be observed that 2,238 new cases came under the specialists' care and were subjected to a full ophthalmoscopic examination. The number who were given re-examination for spectacles previously prescribed amounted to 4,966. The total attendances at the clinics were 7,194. Correcting glasses or alteration to existing glasses were prescribed in 1,956 cases.

A large number of eye abnormalities, other than errors of refraction, were discovered at the clinics. The following are of special interest :—

Squint (convergent, divergent, or alternating), 527 cases; corneal opacities, 64; nystagmus, 19; congenital cataract, 13; optic atrophy, 8. One case of general nervous disease—a case of myasthenia gravis—was referred to the neurologist at the Glasgow Eye Infirmary for treatment. Several cases of squint, which had failed to respond to treatment by spectacles, were operated on, with good results, at the same infirmary.

#### C. NOSE AND THROAT OPERATIVE TREATMENT.

The four regular centres at which operative treatment for diseases of the ear, nose and throat has been carried out for some years, continued to function without interruption throughout the whole year. At the request of the medical practitioners of Biggar district, the local hospital (The Kello Hospital) was recognised by the Committee as a centre for tonsil and adenoid operation for school children in the spring of 1942. This hospital serves the Burgh of Biggar and many adjacent parishes, with a school population of, approximately, 1,100 children. Previously, any cases from this area coming under the Committee's scheme were treated either at the Lockhart Hospital, Lanark, or at the Lady Home Hospital, Douglas. Whether it is a completely satisfactory policy to multiply operating centres, where the numbers requiring treatment are bound to be relatively few, is doubtful, one strong argument against the policy being that a considerable interval of time might well elapse before a sufficient number of cases could be collected to justify the attendance of the visiting surgeon. However, the scheme will be given a fair trial, but should the delay in having treatment carried out prove to be unduly prolonged, the arrangement might well be reconsidered.



The number of applications for operative treatment of enlarged tonsils and adenoids shows no signs of diminishing. Indeed, during the past year, these numbers have shown a definite increase at all four of the established centres, especially at Larkhall and Motherwell. For the year 1940-41, the total number of school children who received operative treatment under the Committee's scheme was 556, but for the year 1941-42 the number is 770.

The following is a summary of the operative treatment conducted during the year ;—

*Health Institute, Larkhall.*

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids	344
Number treated without operation ... ..	1
Number of cases of aural suppuration treated ... ..	7
Number of cases of nasal disease treated ... ..	6
	<hr/>
	358
	<hr/>
Number of attendances made by patients ... ..	644
	<hr/>

*Carnegie Health Institute, Motherwell.*

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids	291
Number of attendances made by patients ... ..	883
Time occupied by surgeon—hours ... ..	80
Time occupied by anaesthetist—hours ... ..	53

*Lady Home Hospital, Douglas.*

(Dr. R. A. GRAY.)

Number operated on for enlarged tonsils and adenoids	46
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*The Lockhart Hospital, Lanark.*

(Dr. C. E. SCOTT.)

Number operated on for enlarged tonsils and adenoids	67
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*The Kello Hospital, Biggar.*

(Dr. C. E. SCOTT.)

Number operated on for enlarged tonsils and adenoids	8
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In addition to the foregoing, two cases of radical mastoid operation were conducted at the County Hospital, Stonehouse.

#### D. ORTHOPAEDIC TREATMENT.

The orthopaedic clinic which is conducted at the County Hospital, Motherwell, is proving of great service and all cases referred there are reported upon without delay. Many cases were also treated at the Royal Hospital for Sick Children, Glasgow. Altogether, 40 children were afforded treatment during the year, and the Committee granted special boots and other orthopaedic appliances to all necessitous cases at a cost of £158 18s. 5d. Of this sum, £50 9s. 3d. was refunded by the parents by weekly or fortnightly instalments.

#### 7. DENTAL INSPECTION AND TREATMENT.

In accordance with the procedure which has been in force for many years in this County, all pupils, irrespective of age or school attended, were examined by the school dental officers on, at least, one occasion during the year under review, and dental treatment was offered in all cases considered necessary by the dental officers. In some areas it was found possible to conduct a second dental examination of the pupils during the year. The total number of pupils dentally examined amounted to 114,231, and, of these, 64,692 were found to require dental attention (32,197 boys, 32,495 girls)—that is, 56·6 per cent. of the number examined. This percentage varied considerably throughout the County, the pupils in the rural districts generally showing a higher state of dental fitness than those in the urban areas. On the other hand, in one urban area where it has been possible to conduct two dental inspections each year for the past few years an encouraging percentage of dental efficiency was found. If it were possible to visit all schools twice yearly for inspection and treatment, a still greater improvement in the children's teeth would result. This, however, would entail additional dental staff which, at present, would not be easy of fulfilment.

Throughout the year, the scheme worked smoothly and without any serious interruption. One member of the dental staff was off duty for two months on account of illness, and this affected the

total number of pupils treated during the year. As formerly, all the normal facilities of the dental scheme were afforded to evacuated children, whether these were voluntary evacuees or children who came under the Government's Evacuation Scheme.

The numbers of school children who accepted treatment at the hands of the school dentists show a decrease on the previous year's returns which, in turn, were distinctly below the pre-war standards. This was commented on in the Annual Report for 1939-40, where certain factors which acted adversely on the clinic attendance of the pupils were stated. Some of these factors have been eliminated, in particular, the half-day attendance at school, but the fact remains that the prediction made by the writer that it would probably take a considerable time before the pre-war attendance would be re-established has, unfortunately, proved only too correct. The fall in the numbers of children treated at the clinics, although by no means severe, is definitely disturbing, and a strenuous effort will require to be made to counteract it. The slackening of the parental influence, due to war-time conditions, can be more than counterbalanced by the teachers, and especially by the children's class teachers, who can do much to influence their pupils to accept the dental treatment offered. In addition, sustained propaganda must be conducted by all members of the school medical service—medical officers, dental officers and nurses—whether at routine examinations at school, at clinics, or at special interviews, to bring home to the pupils and parents the great advantages of a sound dental condition. The school dental scheme in the County has, rightly, been regarded as one of the most efficient branches of the school treatment service, and it would indeed be regrettable if even war conditions were to lessen the high reputation it enjoys.

The total number of pupils treated by the dental officers during the year amounted to 19,575, of whom 10,011 received free treatment, whilst 9,564 were fee paying. Payment for treatment, irrespective of the nature of the treatment given, is entirely voluntary, so that it might be said that the whole scheme practically provides a free dental service. Of the numbers treated, 993 were evacuee pupils.

The following is a brief summary of the dental treatment undertaken by the dental officers :—

Dental Officer.	No. of Children treated.	Extractions (temp. teeth).	Extractions (perm. teeth).	Fillings (Amalgam or Cement).	Other treatment. scaling, cleaning, etc.).
Mr. Beattie	... 2,538	3,465	459	899	201
Mr. Rankin	... 2,485	2,653	1,042	694	258
Mr. Watson	... 3,222	3,811	610	706	114
Mr. Weatherston	... 2,649	3,002	1,033	542	62
Miss Watson	... 2,557	3,286	554	828	373
Miss Hinshelwood	... 3,038	4,678	1,082	1,382	264
Mrs. Jackman	... 3,086	5,685	464	1,252	289
	19,575	26,580	5,244	6,303	1,561

In addition to the dental treatment shown above, Mr. Rankin treated eight pre-school children in Hamilton Burgh, by arrangement with the Medical Officer of Health of the Burgh.

Table V. shows, in detail, the results of the scheme of dental inspection and treatment throughout the whole education area for the year, the treatment afforded to evacuee children being shown separately.

## 8. SPECIAL SCHOOLS AND CLASSES.

It is satisfactory to report that, during the year under review, all of the Committee's Special Schools functioned normally. Two of the schools, namely, Dalton and Drumpark, are still being utilised for military purposes, but the alternative accommodation in each case is satisfactory. The accommodation, however, does not permit of a minor ailments or ophthalmic clinic being conducted on the premises, but any necessary treatment is afforded at the nearest regular clinic which, fortunately in both cases, is near the special school. In every other respect, the usual facilities of a special school are provided in the school itself. In regard to Woodburn Special School, Hamilton, the classes for deaf and deaf-mute children, which were formerly conducted at Woodburn, have been transferred to the junior department of Townhead P. School. This is a detached building and affords much better accommodation than that available at Woodburn School.

The number of *physically* invalid children on the register of all four schools, as at 31st July, 1942, was 549. In addition, ten children were receiving education at Eastpark Home for Infirm Children, Glasgow, and two at the Colony of Mercy for Epileptics, Bridge of Weir.

The number of children attending the Committee's classes for high myopes at the special schools was 41. Blind children, or children who are educationally blind, are educated at Edinburgh Royal Blind School or at St. Vincent's School for the Blind, Tollcross, Glasgow. The number of children from this County at each of these Institutions is seven and two respectively.

In regard to deaf, deaf-mute, or educationally deaf children, the following shows the numbers provided for during the year :—

At Woodburn School for the Deaf, Hamilton	...	...	27
Royal Deaf and Dumb Institution, Edinburgh	...	...	21
St. Vincent's School for the Deaf, Tollcross, Glasgow	...	...	21
Langside School for the Deaf, Glasgow	...	...	3

The number of *mentally* invalid children receiving education is as follows :—

At the Committee's Special Schools	...	...	...	376
At Birkwood Certified Institution, Lesmahagow	...	...	...	6

During the course of the year, the number of physically invalid children on the roll of the Committee's special schools who regained normal health and resumed ordinary school attendance was 94. It is also satisfactory to note that, on leaving school, either on attaining leaving age or by special exemption, suitable employment was found for 50 physically and 25 mentally invalid pupils. During the year, 34 pupils in the mental section of the special schools were, after prolonged and sympathetic trial, considered to be no longer able to profit from instruction and were reported to the General Board of Control for Scotland as ineducable.



## 9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

A, B, C and E :—

For an account of the arrangements in force in regard to these sections, see Report for year 1938-39.

### D. HOLIDAY CAMPS.

The Committee's Holiday Camp scheme was again fully carried out during the month of July, 1942, and was attended by its usual success. Ample precautions had been, as formerly, taken to safeguard the children in the event of air-raids, but, fortunately, no untoward incident occurred to mar the enjoyment of the children during their holiday.

The procedure adopted in the selection of the children who were to participate in the scheme followed that of former years. (This was fully explained in the Annual Report for 1939-40.) The inclusion in the scheme of invalid children from all of the Committee's four special schools again proved a striking success. As formerly, all of the participants in the holiday scheme were examined by the school medical officers on, at least, two occasions prior to their departure for the camps, and the camps were visited each week by one of the medical officers.

The number of children who attended the camps during the month was 550, and the number of teachers who gave their services voluntarily in the conduct and supervision of the camps was 67. The camps were visited, unofficially, by H.M. Chief Inspector of Schools, who reported very favourably on them to the Scottish Education Department.

The districts selected for the camps were the same as in former years :—

Lanark (New Lanark P. School)—Invalid children from the Committee's four special schools ; first fortnight, boys ; second fortnight, girls.

Lanark (St. Mary's R.C. School)—R.C. boys' camp.

Douglas (Douglas P. School)—Girls' camp.

Carnwath (Carnwath P. School)—R.C. girls' camp.

Leadhills (Leadhills P. School)—Boys' camp.

Biggar (Biggar H.G. School)—First fortnight, boys' camp ; second fortnight, girls' camp.

## 10. OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

In this category may be included such activities as the "milk in schools" scheme, the provision of mid-day meals, supplying of boots and clothing to necessitous children, provision of tonic food (cod-liver oil and malt) to certain selected cases, etc. The Committee's scheme in regard to these was fully dealt with in the Annual Reports for 1938-39 and 1939-40.

The "milk in schools" scheme, which is probably the most important, at least in regard to the number of pupils involved, continued to function normally during the whole of the past session, with the exception of the holiday periods. The following table shows the average number of pupils who partook of milk daily at school during each month:—

Month.	1941-42.	1940-41.
September ... ..	64,822	40,051
October ... ..	63,670	42,971
November ... ..	65,839	44,929
December ... ..	66,597	45,391
January ... ..	64,406	42,829
February ... ..	64,960	49,035
March ... ..	63,479	48,911
April ... ..	62,413	59,976
May ... ..	65,891	66,571
June ... ..	62,207	62,842

It will be seen from this table how marked is the increase in the number of participants in the milk scheme as compared with the previous year. This is probably due, in large measure, to the Government's scheme of rationing milk at home, but also, to some extent, to the higher earnings of the parents.

A very comprehensive scheme for the provision of hot mid-day meals at school has been arranged. In certain areas, the scheme is already in force, but it will probably be some time before the scheme is in being in practically every part of the County. Next year's report should be able to give, in detail, the facts regarding the full working of the scheme.

Tonic food, in the form of cod-liver oil and malt extract, was granted to 43 necessitous children. This is in addition to the tonic food which is normally supplied to all pupils in attendance at the Committee's special schools. Free boots were granted to 3,427 pupils and, on the recommendation of the School Medical Officers, 36 children received free clothing.

#### INTENSIVE COURSES IN FIRST AID AND HOME NURSING

The courses in First-Aid and Ambulance Work and in Home Nursing, which were instituted for the first time last year in the Committee's Secondary Schools, were again conducted towards the close of the session covered by this report. The procedure adopted—which was fully explained in last year's Annual Report—was similar, in every respect, to that followed in the preceding year, and, again, a very considerable degree of success has to be recorded.

In the case of first-aid and ambulance work, it is satisfactory to report that no fewer than eleven of the Secondary Schools adopted the scheme, this being three more than for the previous year. As the Senior Leaving Certificate examinations were held somewhat earlier than usual, a longer period between the completion of the examinations and the summer vacation was available in which to conduct the classes. This was a very great advantage, and was fully appreciated both by the lecturers and the pupils. The total number of pupils who enrolled for the first-aid and ambulance course was 473 (278 boys and 195 girls), of whom 386 were 16 years old and upwards, and 87 were 15 years old. The number of pupils who completed the course and presented themselves for examination was 412 (242 boys and 170 girls), and, of these, 348 were successful in obtaining the St. Andrew's Ambulance Association's certificate of proficiency, whilst 55 passed the higher standard entitling them to the Association's medallion. It will be noted from the foregoing figures and from the following detailed statement that these courses in first-aid and ambulance work make an undoubted appeal to a very considerable proportion of girl pupils—they formed nearly 37 per cent. of the total enrolment, and the fact that 30 per cent. of those who took the medallion course this year were girls is also noteworthy.

The following tabular statement shows in detail the numbers of pupils who enrolled at the various schools, the age-groups of the pupils, the sex distribution, the numbers who completed the



course and proceeded to examination, and the success of the pupils :—

INTENSIVE COURSE IN FIRST AID AND AMBULANCE WORK  
(Session 1942).

SCHOOL.	No. of enrolled Pupils.		Pupils of 16 years old (or over).		Pupils under 16 years old.		Pupils presented for examination.		Pupils who gained Proficiency Certificates.		Pupils who gained Medallion.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Airdrie Academy ...	32	18	25	13	7	5	32	16	28	16	4	—
Bellshill Academy ...	16	11	16	11	—	—	11	6	6	1	5	5
Biggar High ...	11	11	11	11	—	—	7	10	4	6	1	1
Coatbridge Secondary	32	12	32	12	—	—	27	10	20	10	5	—
Elmwood Secondary (Bothwell) ...	—	34	—	33	—	1	—	30	—	30	—	—
Hamilton Academy	48	22	44	20	4	2	45	21	35	17	8	4
Lanark Grammar ...	16	21	4	5	12	16	16	20	16	20	—	—
Larkhall Academy ...	17	18	10	15	7	3	16	17	13	13	3	4
Our Lady's High (Motherwell) ...	49	19	42	10	7	9	43	18	30	16	13	2
Uddingston Grammar	37	10	27	7	10	3	30	8	30	8	—	—
Wishaw High ...	20	19	19	19	1	—	15	14	15	14	—	—
	278	195	230	156	48	39	242	170	197	151	39	16
Totals ...	473		386		87		412		348		55	

In regard to the courses in Home Nursing, these were only a qualified success and, compared with the classes in first aid, were rather disappointing. Although eight of the Secondary Schools adopted the scheme last year, only six of the schools could be induced to conduct the course this year and, even then, there was some difficulty in persuading a sufficient number of girls to come forward to justify the formation of a class. When the home nursing classes were formed last year, 210 pupils enrolled, but the numbers fell to 118 this year. Although the course was intended primarily for girl students of 16 years and upwards, it was only by admitting to the course an undue proportion of 15 years old pupils that some classes could be formed at all. In one school, where a very successful mixed class in first aid had just been completed, only three girls signified their wish to take the course in home nursing. In another large Secondary School only one pupil expressed a desire to take the nursing course. Similar instances could be cited from other schools.

Why this should be so is not easy to explain, but the fact remains that, in a sphere which has always been recognised as the prerogative of the female sex, the response, generally, has not been encouraging. It had been thought that, apart from the individual benefit which might accrue from attendance at a nursing course, the experience would be helpful in directing the minds of senior pupils towards taking up nursing as a profession, but it is exceedingly doubtful if the hopes entertained are likely to be fulfilled. There is one factor which militates against the successful conducting of a course in home nursing at school and that is the difficulty in carrying out practical demonstrations unless the school is provided with a housewifery centre, with bedroom, kitchen, etc. A local hospital, health institute, or even an A.R.P. centre suitably equipped, could be used as a teaching centre in the absence of satisfactory school accommodation. There is no such drawback in the case of teaching first aid and ambulance work where suitable classrooms only are necessary.

The following tabular statement shows the number of pupils who took the course at the various schools :—

INTENSIVE COURSE IN HOME NURSING  
(Session 1942).

SCHOOL.	No. of Pupils enrolled.	No. of Pupils presented for examination.	No. of Pupils passed examina- tion.
Coatbridge Secondary ...	15	15	15
Elmwood Secondary (Bothwell)	33	30	*30
Hamilton Academy ... ..	19	19	19
Larkhall Academy ... ..	16	14	14
Our Lady's High (Motherwell)	21	15	15
Wishaw High ... ..	14	14	14
	118	107	107

\* Senior Standard.

On the question as to whether courses in first aid and home nursing should have a permanent place in the curriculum of Secondary Schools and not merely to be regarded as a war-time expedient, there may be some difference of opinion. It is possible that the

success of the courses in first aid is due to the desire on the part of the younger generation to equip themselves in some useful branch of public service during the present national emergency, and in first aid they find an outlet for their aspirations. However this may be, there is no denying the enthusiasm of the pupils, and it would be regrettable if this zeal were allowed to become dissipated, for enthusiasm, once lost, is not readily recaptured. In the teaching of good citizenship, with its implied obligations to one's fellow-men, which is envisaged in the future adjusting of school curricula, here is, at least, one branch of citizenship which has already proved acceptable to large numbers of young adolescents. A systematic course in first aid and ambulance work, hygiene, home nursing, and the principles of health and diet might well find a place in all Secondary School time tables and, indeed, form a "recognised subject." But to be effective and of real value the subjects must be taught by persons *fully* qualified to impart the instruction.



ADDENDUM.

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As this Annual Report is the last which will be presented by the writer, who is due to retire on an early date after a continuous association with the School Medical Service in this County for over thirty-three years, it may be permissible to give a brief survey of the growth of the service since its inception in 1909.

As a consequence of the Education (Scotland) Act, 1908, by which School Medical Inspection was made compulsory in all State-aided schools, the scheme was inaugurated in the County by the appointment of two school medical officers, of whom the writer was one, in September, 1909, the scheme being administered by the Committee on Secondary Education of the County. The medical officers were instructed to draw up a scheme for submission to the Committee, and on this being accomplished it was duly approved by the Committee and also by the Scottish Education Department. Thereafter, medical inspection of school children was commenced. This was at first carried out in a restricted form, the object being to formulate, by experience, a more detailed scheme which could be made applicable to all classes of school children and be capable, if necessary, of wide expansion. At this early stage of what was an entirely new venture in this country the assistance of the Scottish Education Department and the Board of Health for Scotland was most valuable, and special acknowledgment is due to the late Sir Leslie Mackenzie, Chief Medical Officer to the Board of Health, for his helpful advice in the drafting of the scheme.

In 1910, when the scheme had proved to be a suitable one, two full-time assistant school medical officers and two full-time nurses were appointed to the service. The work rapidly increased both in scope and importance, and in 1912 two additional full-time nurses were appointed. It soon became evident that routine inspection of school children would achieve only limited results unless it were followed up by a scheme of after-treatment which would form an integral part of the whole undertaking. Consequently, in 1914, a whole-time ophthalmic surgeon and a whole-time dental officer, with two additional nurses, were added to the staff. Such were the very modest beginnings of the present far-reaching scheme of School Medical Inspection, Supervision, and Treatment of School Children in this County.

Shortly after the outbreak of war in August, 1914, the whole scheme was practically in abeyance, except for the branch of ophthalmic treatment, as all of the medical officers and the dental officer volunteered their services with the Forces and were engaged in war service till the spring of 1919.

When the work of the School Medical Service was resumed—now under the administration of the Education Authority of the County, which had superseded the former Committee on Secondary Education—a very marked extension of the whole scheme was undertaken. The number of full-time assistant medical officers was increased to four; four additional full-time dental officers were appointed; four additional part-time ophthalmic surgeons were engaged; a part-time ear, nose and throat specialist was added to the staff; and the number of full-time nurses was increased to eleven. Dental and visual clinics were set up at suitable centres, but it was not till 1925 that the scheme of treatment of minor ailments affecting school children was commenced. This most important branch of the school service was confined, at first, to five populous areas, viz., Rutherglen, Cambuslang, Hamilton, Motherwell and Larkhall. Difficulty in obtaining suitable premises postponed the opening of clinics at other centres. The statistics for that year (1925-26) show that 671 children were treated at the minor ailments clinics, the attendances made by the patients being 4,275. Compare this with the statistics for the present year, when 24,125 children received treatment at the minor ailments clinics, the attendances made by the patients being 136,981.

By the year 1929-30, the number of assistant medical officers had increased to five, the dental officers to six, and the nursing staff to twenty. A complete scheme of dental inspection and treatment, applicable to every school child in the whole education area, was put into force; the whole area was now adequately served by ophthalmic clinics; and the minor ailments clinics, which treat diseases of the skin, eye, ear, etc., were now fully established in seven of the most populous districts.

Meantime, the question of the education of physically and mentally defective children had been fully explored and, although a limited effort in this direction had been made in a few areas for some years, the question had not been considered on a comprehensive scale. A complete census of all defective children was



made in 1923, and in 1926 the first of the Authority's special schools (Drumpark) was formally opened. This was followed by three other special schools, the sites of which had been carefully selected in order to serve as large an area as possible. Thus, Knowetop (Motherwell), Woodburn (Hamilton) and Dalton (Cambuslang) Special Schools followed each other in fairly rapid succession. These schools were a definite break from all previous ideas of such schools and attracted much attention from other educational bodies. Indeed, they were visited by special deputations from many parts of Scotland and England and, not infrequently, by interested parties from the Dominions.

The scheme of after-treatment of school children has kept pace with the demands and, at the present time, there are twelve large, well-equipped clinics in the most populous areas for the treatment of minor ailments, as well as twelve subsidiary clinics for the more rural districts. To serve the remote parts of the County, a travelling clinic has been operating for some years. There are now five centres throughout the County for the operative treatment of tonsils, adenoids and certain diseases of the nose and ear, whilst dental treatment is afforded to every school child, no matter how remote the school may be. This also applies to the treatment of defective vision. The provision of artificial sunlight treatment has been arranged through the medical officers of health of the County and the five large Burghs which constitute the education area of the County.

Such, then, is a brief epitome, all too inadequately expressed, of the inception and growth of the school medical service as it exists to-day. The scheme has been administered by no fewer than three different educational bodies, viz., the Committee on Secondary Education (1909-1919), the Education Authority of the County (1919-1930), and, since 1930, by the Education Committee of the County Council.

The whole period covered roughly comprises three decades, all under different administrative bodies. The first decade was unfortunate, so far as the scheme of school medical inspection is concerned, in that what was promising to be a most virile and useful service was suddenly halted by the outbreak of war. The second decade, however, was a period of intense activity in school health administration. Not only does this apply to the purely

medical side, but it was outstanding in the matter of new school construction. It saw the demolition of many unsuitable, antiquated, and insanitary school buildings, and their replacement by modern, well-equipped schools; the reconstruction of large numbers of existing schools on more modern lines; the provision of education for practically all types of physically defective children and for such mentally defective children as were considered able to profit by special education. The question of playing fields, physical instruction, etc., was thoroughly studied and recreational activities were instituted, without any interference with the more academic functions of the school.

The third decade has seen the continuance of new school building, the extension of the scheme of school playing fields, the epoch-making "milk in schools" scheme, and, at the present time, the introduction of the scheme for providing a hot mid-day meal for school children in practically every district throughout the whole education area. This last is an undertaking of great magnitude and should go far in maintaining the health and fitness of the school population.

So much for the past and the present; what can be said of the future? It would be exceedingly rash to predict what the next decade will bring forth, not to speak of three decades. The growth of any important scheme is, of necessity, slow and deliberate, and progress is attained only by fostering what is found to be advantageous and discarding what has not proved to be helpful. The axiom, *natura non facit saltum*, so universally found in the world of nature, applies equally to human progress. Three decades, reckoned in terms of time, are infinitesimal, but in human affairs they constitute a lengthy period, almost half the allotted span of life. Thus, the development of the school health service has been no hasty, mushroom growth, but a steady, progressive movement towards a greater and greater degree of efficiency.

Great changes in the social and educational world are predicted and these are already casting their shadows forward, although their full import cannot be foretold. The extension of the school leaving age will necessitate an adjustment of the school medical service to meet the new conditions, whilst, at the other end of the scale, the establishing of nursery schools will similarly call for new and extended service. The writer cannot foresee a full fruition of the nursery school schemes if these are to be allowed to continue



on the present voluntary basis. Just as the extended school leaving age will be compulsory, so also should attendance at nursery schools be enforced. Voluntary attendance at the age of three years should be encouraged, but at four years, *at latest*, attendance should be obligatory. If this were so, the idea of one nursery school serving a densely populated area would have to be dismissed as quite inadequate. Indeed, it may be that each large school will require to have its nursery school department, not within the school itself but sufficiently adjacent to be identified with the school and to facilitate the attendance of these young people. In rural districts there is not nearly the same urgent social need for nursery schools, whilst the small numbers of children to be catered for would not justify their being provided.

The marked success which has attended the scheme of medical inspection, supervision, and treatment of school children was not attained without a period of opposition, not only from the public, who appeared to regard the scheme as an interference with "the liberty of the subject," but also from many members of the medical profession, who considered it a serious encroachment on their medical practice. How erroneous were these fears is now fully realised both by the public and the medical profession, and both parties are glad to take full advantage of the various clinics provided by the school medical service.

During his long association with the service the writer has been always conscious of the great assistance the scheme has obtained from the majority of the school teachers (unfortunately, he cannot truthfully say *all* of the teachers), without whose help the scheme would not have been nearly so successful. Tribute must also be paid to the whole-hearted co-operation of the great majority of the medical, dental, nursing and clerical staffs of the service. It is not to be expected that, during a period of over thirty-three years, a uniformly high standard of excellence was present in all members of the staff, but, generally, the standard of efficiency in all branches of the service has been maintained at a very high level and an excellent *esprit de corps* prevails. It is the writer's earnest wish that this fine spirit of service may long be preserved.

JOHN MACINTYRE, M.B., Ch.B., D.P.H.,  
*Executive School Medical Officer.*

SCHOOL MEDICAL INSPECTION DEPARTMENT,  
COUNTY OFFICES,  
HAMILTON, February, 1943.



# TABLE I. (1941-42).

Total number of children examined at

## A. SYSTEMATIC EXAMINATIONS :—

Ordinary Schools	{	Entrants	...	...	...	...	8,091
		Second Age Group	...	...	...	...	8,887
		Third Age Group	...	...	...	...	8,520
Secondary Schools	}	Age Group	...	...	...	...	426
		Total	...	...	...	...	25,924
Government and Voluntary Evacuees			...	...	...	...	832
		Grand Total	...	...	...	...	26,756

## B. OTHER EXAMINATIONS :—

Special (Non-routine) Cases	...	...	...	...	5,493
Re-inspections by Medical Officers	...	...	...	...	11,774
Special Scabies Survey	...	...	...	...	21,441
Total	...	...	...	...	38,708

Number of individual children inspected at systematic (routine) examinations who were notified to parents as requiring treatment (exclusive of uncleanliness and dental caries) :—

Ordinary Schools	{	Entrants	...	...	...	...	1,579
		Second Age Group	...	...	...	...	1,828
		Third Age Group	...	...	...	...	1,581
Secondary Schools	}	Age Group	...	...	...	...	44
		Total	...	...	...	...	5,032
Government and Voluntary Evacuees			...	...	...	...	158
		Grand Total	...	...	...	...	5,190









# TABLE III. (1941-42)

## SYSTEMATIC MEDICAL EXAMINATIONS.

CLASSIFICATION.	ENTRANTS.		SECOND AGE GROUP.		THIRD AGE GROUP.		SECONDARY SCHOOLS AGE GROUP.		TOTAL.	
	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.	No. of Children.	Per-centage.
I. Children free from defects,	4,065	50.24	4,114	46.29	4,393	51.56	266	62.43	12,838	49.52
II. Children (otherwise free from defects) who suffer from :—										
(a) Defective Vision not worse than 6/12 in the better eye, with or without glasses ;	20	0.25	1,264	14.22	1,251	14.68	65	15.25	2,600	10.03
or (b) Conditions of mouth or teeth requiring treatment, ...	126	1.56	36	0.41	39	0.46	1	0.24	202	0.79
(c) Both (a) and (b), ...	—	—	4	0.04	9	0.11	—	—	13	0.05
Total, ...	146	1.81	1,304	14.67	1,299	15.25	66	15.49	2,815	10.87
III. Children suffering from ailments (other than those mentioned in II.) from which complete recovery is anticipated within a few weeks, ...	2,594	32.06	2,348	26.42	1,789	20.99	51	11.97	6,782	26.16
IV. Children suffering from defects where										
(a) Complete cure may ultimately be expected, ...	1,203	14.87	954	10.73	790	9.27	20	4.7	2,967	11.44
(b) Improvement only may be expected, ...	83	1.03	167	1.89	249	2.92	23	5.4	522	2.01
Total, ...	1,286	15.9	1,121	12.62	1,039	12.19	43	10.1	3,489	13.45
Total No. of children Examined, ...	8,091	100%	8,887	100%	8,520	100%	426	100%	25,924	100%



# TABLE IV. (1941-42).

## RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

Disability.	At Ordinary Schools.	At Special Schools or Classes.	Total.
1. Blind, ... ..	—	9	9
2. Partially sighted—			
(a) Refractive errors in which the curricu- lum of an ordinary school would adversely affect the eye condition,	—	27	27
(b) Other conditions of the eye, <i>e.g.</i> , cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school, ... ..	3	37	40
3. Deaf—			
Grade IIA, ... ..	136	—	136
Grade IIB, ... ..	15	4	19
Grade III, ... ..	3	83	86
4. Defective Speech—			
(a) Defects of articulation requiring special educational measures, ... ..	—	14	14
(b) Stammering requiring special educa- tional measures, ... ..	35	2	37
5. Mentally Defective (Children between 5 and 16 years)—			
(a) Educable (I.Q. approximately 50-70),	83	258	341
(b) Ineducable (I.Q. generally less than 50), ... ..	3	—	3
6. Epilepsy—			
(a) Mild and occasional, ... ..	12	20	32
(b) Severe (suitable for care in a residential school), ... ..	—	6	6
7. Physically Defective (Children between 5 and 16 years)—			
(a) Non-pulmonary tuberculosis (exclud- ing cervical glands), ... ..	17	30	47
(b) General orthopaedic conditions, ...	112	88	200
(c) Organic heart disease, ... ..	161	49	210
(d) Other causes of ill-health, ... ..	100	227	327
8. Multiple Defects—			
(a) ... ..	—	*155	155
(b) ... ..	—	†195	195

\*Mental Defect plus one or more physical defects.

†More than one physical defect.



TABLE V.

## DENTAL INSPECTION AND TREATMENT (1941-42).

SCHOOL MANAGEMENT AREA.	NUMBERS EXAMINED.														NUMBERS NOTIFIED.		TOTAL	Percentage Requiring Treatment.	Number of Pupils Treated.	Number of Attend- ances made for Treatment.	EXTRACTIONS		FILLINGS				OTHER TREATMENT.		Number of General Anaes- thetic Cases.	SESSIONS.		CLASSIFICATION OF PATIENTS.		
	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	14 yrs.	15 yrs.	16 yrs.	17 yrs.	18 yrs.	Total.	Boys.					Girls.	Temp.	Perm.	Amalgam.		Cement.		Temp.		Perm.	Treat- ment.	Inspec- tion.	Free Treat- ment.	Fee Paying.
	Temp.	Perm.	Temp.	Perm.	Temp.	Perm.																												
Area No. 1	173	192	203	219	216	215	204	250	207	102	46	17	13	1	2,058	447	460	907	44.1	511	519	724	128	—	146	—	10	—	66	—	65	21	390	121
" " 2	206	225	253	262	257	282	254	214	202	26	2	—	—	—	2,183	544	531	1,075	49.2	821	832	847	400	—	207	—	26	—	36	—	92	18	507	314
" " 3	386	464	528	536	549	564	611	519	577	198	47	22	1	—	5,002	1,212	1,204	2,416	48.3	1,470	1,494	1,868	355	—	477	—	11	—	71	—	158	36	963	507
" " 4	505	554	601	616	596	579	574	479	480	122	42	9	5	1	5,163	1,163	1,225	2,388	46.2	862	880	1,187	177	—	235	—	40	—	37	—	117	40	530	332
" " 5	687	655	717	726	719	683	673	552	552	86	1	—	—	—	6,051	2,023	1,914	3,937	65.1	926	971	1,069	364	—	139	—	5	—	38	—	126	39	588	338
" " 6	1,164	1,086	1,332	1,186	1,320	1,337	1,358	1,416	1,259	318	127	77	43	23	12,046	4,191	4,854	9,045	75.1	2,510	3,141	3,715	908	—	783	283	161	—	263	—	310	87	1,216	1,294
" " 7	836	864	825	849	828	823	786	647	519	52	—	—	—	—	7,029	2,430	2,441	4,871	69.3	1,838	1,961	3,199	371	31	416	91	111	—	138	2	214	54	922	916
" " 8	953	905	977	951	902	1,014	927	770	675	110	17	—	—	—	8,201	2,972	2,861	5,833	71.1	1,294	1,371	1,595	489	2	251	—	—	—	23	—	168	58	581	713
" " 9	1,241	1,218	1,256	1,204	1,301	1,223	1,197	877	696	118	7	2	—	—	10,340	2,668	2,626	5,294	51.2	2,136	2,164	2,731	373	9	431	21	58	—	76	—	236	86	885	1,251
" " 10	884	841	842	859	838	906	909	793	794	208	60	31	14	1	7,980	1,564	1,685	3,249	40.7	1,393	1,421	1,674	248	9	261	5	37	—	55	—	157	56	630	763
" " 11	761	714	747	675	676	759	745	835	988	295	88	50	23	4	7,360	2,808	2,785	5,593	75.9	1,987	2,155	3,584	328	55	507	72	141	2	197	5	244	53	1,041	946
" " 12	1,506	1,381	1,500	1,457	1,552	1,589	1,693	1,566	1,584	507	262	182	57	8	14,844	3,005	2,982	5,987	40.3	1,187	1,233	1,258	421	—	297	—	86	—	235	—	178	101	680	507
" " 13	1,808	1,708	1,791	1,728	1,740	1,852	2,059	2,276	2,221	754	389	265	118	40	18,749	4,692	4,253	8,945	47.7	2,039	2,280	2,557	482	4	596	8	78	—	309	—	303	124	817	1,222
" " 14	637	671	717	618	732	755	847	789	934	312	122	73	18	—	7,225	2,478	2,674	5,152	71.3	601	625	572	200	—	203	—	—	—	15	—	81	46	261	340
Total	11,747	11,478	12,289	11,886	12,226	12,581	12,837	11,983	11,688	3,208	1,210	728	292	78	114,231	32,197	32,495	64,692	56.6	19,575	21,047	26,580	5,244	110	4,949	480	764	2	1,559	7	2,449	819	10,011	9,564
NOTE.—The above figures include the treatment of 993 Government Evacuees, thus :—																					993	1,003	1,442	259	6	253	18	36	—	127				





# TABLE VI. (1941-42).

## VISUAL TREATMENT.

Showing number of children who received full ophthalmic examination, number re-examined, and the number for whom spectacles were prescribed or who were otherwise treated.

TREATMENT CENTRE.	Number of Children Examined.	Number of Children Re-examined.	Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted and Cases not requiring Treatment.
<b>Dr. JOHN A. MORTIMER.</b>						
Blantyre ... ..	75	234	309	62	13	—
Cadder ... .. (Bishopbriggs and Chryston)	37	114	151	31	6	—
Carluke ... ..	52	86	138	43	9	—
East Kilbride ... ..	10	22	32	8	2	—
Lanark ... ..	49	248	297	45	4	—
Larkhall ... ..	107	288	395	93	14	—
Shotts ... ..	74	177	251	67	7	—
Strathaven ... ..	37	58	95	32	5	—
Uddingston ... ..	93	211	304	84	7	2
Wishaw ... ..	217	450	667	196	21	—
Knowetop Special School ...	9	91	100	6	3	—
<b>Dr. H. SOMERVILLE MARTYN.</b>						
Abington ... ..	14	8	22	13	1	—
Airdrie ... ..	214	528	742	180	29	5
Baillieston ... ..	60	137	197	49	8	3
Bellshill ... ..	147	434	581	126	19	2
Cambuslang ... ..	65	207	262	51	4	10
Carnwath ... ..	27	31	58	19	7	1
Lesmahagow ... ..	28	60	88	22	3	3
Rutherglen ... ..	117	254	371	97	14	6
<b>Dr. JAMES HILL.</b>						
Coatbridge ... ..	257	485	742	231	26	—
Hamilton ... ..	277	384	661	255	22	—
Motherwell ... ..	272	459	731	246	25	1
Total ... ..	2,238	4,966	7,194	1,956	249	33



# MINOR AILMENTS.

TABLE VII. (1941-42)

SHOWING (a) NUMBER OF CHILDREN TREATED AT EACH CLINIC; (b) TOTAL ATTENDANCES MADE; (c) NATURE OF AILMENT FROM WHICH THE CHILDREN SUFFERED.

	AIRDRIE CLINIC.			BAILLIESTON CLINIC.			BELLSHILL CLINIC.			BLANTYRE CLINIC.			CAMBUSLANG CLINIC.			COATBRIDGE CLINIC.			HAMILTON CLINIC.			LARKHALL CLINIC.			MOTHERWELL CLINIC.			RUTHERGLEN CLINIC.			SHOTTS CLINIC.			WISHAW CLINIC.			
	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	Boys.	Girls.	Total Attendance.	
DISEASES OF THE EYE—																																					
Blepharitis, ... ..	96	98	1,642	33	36	903	55	66	813	34	33	775	52	75	1,052	110	100	2,585	45	42	966	24	28	407	30	19	347	39	58	860	7	3	230	24	25	558	
Conjunctivitis, ... ..	50	47	351	9	4	50	27	20	250	16	13	232	60	64	864	60	35	390	41	23	319	29	15	195	12	10	124	25	39	408	1	—	1	6	13	153	
Cornual Ulcer, ... ..	4	3	129	1	—	6	—	—	—	1	1	13	4	4	44	2	4	218	—	1	3	1	1	18	—	1	8	—	1	6	—	—	—	—	—	—	
Cornual Opacities, ... ..	12	9	162	1	1	6	1	—	22	1	5	123	9	4	269	12	8	308	1	1	51	2	2	123	—	1	2	2	3	136	—	—	—	2	2	26	
Ophthalmia and Phlyctenular Conj., ... ..	—	1	20	—	—	—	—	—	—	—	—	—	2	5	21	1	—	9	1	3	33	2	—	16	1	3	11	1	1	7	—	—	—	1	2	5	
Keratitis-Interstitial, ... ..	—	1	21	—	—	—	—	—	—	—	1	14	1	3	117	—	1	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hordeolum (Stye), ... ..	27	22	78	8	11	91	10	15	87	14	11	89	16	29	142	35	20	105	6	7	65	11	9	62	6	1	23	10	15	87	1	—	5	8	6	61	
Stillicidium, ... ..	—	—	—	—	1	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases, ... ..	5	3	36	2	1	5	—	1	1	3	—	10	4	10	147	3	1	64	1	2	7	1	1	32	1	1	11	4	7	45	1	1	3	—	2	5	
TOTAL, ... ..	194	184	2,439	54	54	1,066	93	102	1,173	69	64	1,256	148	194	2,656	223	166	3,693	95	79	1,444	70	56	853	50	36	526	81	124	1,549	10	4	239	41	50	808	
DISEASES OF THE SKIN—																																					
Impetigo Contagiosa, ... ..	278	210	2,658	130	55	1,036	220	155	1,874	181	73	1,390	141	77	986	302	205	2,582	237	169	2,011	171	117	1,330	108	74	761	171	89	1,438	22	34	292	150	95	1,010	
Eczema, ... ..	6	5	59	21	21	327	2	5	43	29	18	422	19	15	462	12	18	304	35	23	476	10	12	112	21	19	704	19	14	263	1	—	1	29	25	459	
Alopecia Areata, ... ..	3	3	87	3	3	63	2	1	5	3	—	58	—	4	18	—	2	51	4	2	97	—	2	16	1	3	38	3	2	74	—	—	—	2	1	34	
Scabies, ... ..	246	235	2,730	135	168	2,368	202	228	1,819	126	146	1,244	*91	93	359	268	247	3,578	384	372	4,292	146	180	1,802	187	152	1,870	103	103	930	89	107	1,156	133	135	1,778	
Pediculosis Capitis, with Impet. Contag., ... ..	12	4	27	3	6	19	4	13	35	4	15	37	1	6	15	3	15	28	7	24	134	1	6	15	—	—	—	2	6	16	—	1	8	—	—	—	
Pediculosis Capitis, ... ..	2	3	8	—	8	27	1	7	9	—	8	16	—	2	2	1	3	9	3	10	42	—	2	9	2	2	4	1	1	9	—	—	—	—	10	27	
Dermatitis Seborrhoeica, ... ..	1	—	20	13	32	348	15	19	155	12	23	180	2	6	39	3	3	50	4	3	42	3	3	28	12	20	163	3	5	13	1	1	4	20	23	348	
Wounds and Septic Sores, ... ..	410	255	2,663	241	144	1,418	285	223	2,192	306	174	1,687	495	277	2,897	465	265	3,002	349	230	2,724	254	228	2,089	119	73	818	387	255	2,787	7	19	111	166	147	2,011	
Psoriasis, ... ..	3	4	43	2	1	5	4	8	138	2	7	53	2	2	13	10	7	90	5	3	42	1	2	17	—	—	—	1	2	45	1	—	24	—	1	9	
Other Skin Diseases, ... ..	95	70	685	34	46	376	75	77	665	58	56	739	141	167	1,895	80	65	678	134	101	1,214	60	98	822	45	40	188	124	113	984	7	4	71	34	56	312	
TOTAL, ... ..	1,056	789	8,980	582	484	5,987	810	736	6,935	721	520	5,826	892	649	6,686	1,144	830	10,372	1,162	937	11,074	646	650	6,240	495	383	4,546	814	590	6,559	128	166	1,667	534	493	5,988	
DISEASES OF THE EAR—																																					
Chronic Suppurative Inflammation, ... ..	68	70	1,214	20	19	641	41	15	574	21	14	333	27	29	66	98	85	2,273	56	30	959	18	17	308	32	16	446	25	27	832	12	2	451	30	26	725	
Ceruminous Collection, ... ..	8	16	34	2	1	12	2	4	88	1	—	1	4	6	41	15	16	79	5	3	86	1	4	15	—	1	2	5	7	57	—	—	—	2	1	8	
Chronic Catarrh, ... ..	8	6	29	1	—	2	—	—	—	4	3	14	1	—	1	12	6	65	2	5	39	1	2	19	—	—	—	2	4	14	—	—	—	1	3	41	
Other Diseases, ... ..	1	—	4	2	—	8	2	1	3	4	—	5	4	6	14	1	—	22	6	8	102	1	4	10	4	4	22	5	3	39	—	1	5	5	10	152	
TOTAL, ... ..	85	92	1,281	25	20	663	45	20	665	30	17	353	36	41	122	126	107	2,439	69	46	1,186	21	27	352	36	21	470	37	41	942	12	3	456	38	40	926	
DISEASES OF THE NOSE—																																					
Nasal Catarrh ... ..	28	18	384	5	8	182	11	3	37	12	4	217	34	31	851	50	25	567	18	21	607	10	25	262	1	5	21	15	9	165	1	1	42	4	9	53	
Nasal Obstruction, ... ..	1	1	5	3	4	141	7	5	77	6	2	143	14	3	237	1	—	4	21	21	390	12	14	311	1	—	4	2	1	5	—	—	—	1	1	5	
TOTAL, ... ..	29	19	389	8	12	323	18	8	114	18	6	460	48	34	1,088	51	25	571	39	42	997	22	39	573	2	5	25	17	10	170	1	1	42	5	10	58	
Ringworm of Head, ... ..	—	2	10	1	1	23	—	—	—	—	—	—	—	—	—	—	1	7	1	1	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Ringworm of Body, ... ..	5	6	42	—	—	—	5	2	24	1	2	22	3	2	8	15	15	53	3	3	46	—	1	14	—	—	—	—	1	2	—	—	—	—	2	1	13
TOTAL, ... ..	5	8	52	1	1	23	5	2	24	1	2	22	3	2	8	15	16	60	4	4	52	—	1	14	—	—	—	—	1	2	—	—	—	—	2	1	13

\* School Nursing Staff also treated 91 Boys and 106 Girls, who made 1,005 attendances, at The Health Institute, Cambuslang.



# TABLE VIIa. (Supplementary), 1941-1942.

## MINOR AILMENTS (Treatment at Emergency Clinics).

CLINIC.	EYE DISEASES.			SKIN DISEASES.			EAR DISEASES.			DISEASES OF NOSE.		
	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.	Boys.	Girls.	Attend- ances.
Blackwood ... ..	6	5	32	78	80	452	8	4	36	1	3	5
Coalburn ... ..	1	5	9	16	13	74	1	1	5	—	—	—
Lesmahagow ... ..	3	4	27	115	120	559	10	11	60	2	6	66
Carluke ... ..	27	30	777	285	201	3,150	14	12	304	1	—	55
Carnwath ... ..	11	9	383	93	59	721	3	5	145	1	—	3
Lanark ... ..	14	13	290	151	116	1,678	7	5	187	1	1	8
Forth ... ..	11	16	332	52	54	486	4	3	83	—	—	—
Stonehouse ... ..	7	10	57	173	209	2,199	5	10	249	2	—	13
Strathaven ... ..	15	21	442	344	256	3,239	10	7	160	2	—	18
East Kilbride ... ..	9	12	137	176	187	1,765	4	3	29	1	3	49
Benhar ... ..	36	30	754	291	217	2,271	12	16	391	5	2	83
Mobile Clinic ... ..	19	20	376	152	115	1,133	7	8	160	2	2	32
TOTALS ... ..	159	175	3,616	1,926	1,627	17,727	85	85	1,809	18	17	332

Total number of children treated ... .. 4,092

Total number of attendances made ... .. 23,484







